STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER: Conde News		2. DATE: 10/28/14
3. FREQUENCY OF ISSUE: Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 52	3B. ANNUAL SUBSCRIPTION PRICE: $30@ in 35@ -out
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): 165 3rd St Conde SD 57434		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): 165 3rd St Conde SD 57434		
6. FULL NAME OF PUBLISHER: Tina Sanderson		

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
Tina Sanderson	PO Box 100 Conde SD 5743

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	350	350
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.	43	46
2. Mail Subscription (Paid and or requested)	300	300
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	343	346
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	—	—
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	—	—
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	343	346
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	7	4
2. Return from News Agents	—	—
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	350	350

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Tina Sanderson — (Signature)

Editor — (Title)

State of South Dakota)
§
County of Spink)

Sworn to before me this 28 day of Oct, 2014

Pamala Carrier
Notary Public

My commission expires: 1-31-2018

(Seal)

Form: SOS REC 05L8/2014